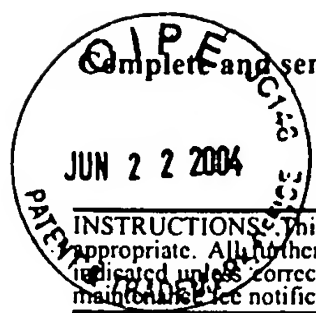


06-23-04

EV286048706US

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

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7590 06/03/2004

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Luajuana LeGrande (Depositor's name)  
*Luajuana LeGrande* (Signature)  
June 21, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/029,779	12/18/2001	Rudiger Heidemann	MSB-7277	5688

TITLE OF INVENTION: DEVICE AND METHOD FOR SEED-TRAIN EXPANSION OF MAMMALIAN CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LANKFORD JR, LEON B	1651	435-325000

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee <input type="checkbox"/> Advance Order - # of Copies <u>15</u>	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>03-4000</u> (enclose an extra copy of this form).
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) John W. Mahoney (Date) June 21, 2004

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